



Coimisiún na Scrúduithe Stáit
State Examinations Commission

ATTENDANT TIME SHEET/RECEIPT - Under 18 years

The table below is provided to assist the Principal in calculating the appropriate rate owing to each Attendant. Please fill in the appropriate boxes and return.

No. of days that the centre is open: **School Roll Number:**

Centre Number (Main centre only):

Name of Attendant: _____

Day prior to Examinations: <i>03/06/2025</i>			€28.35
Session Length	Fee	No. of Sessions	Amount
Up to 1 hr. 30 mins.	€15.75		
2 hr. 00 mins.	€20.48		
2 hr. 15 mins.	€22.84		
2 hr. 20 mins.	€23.63		
2 hr. 30 mins.	€25.20		
2 hr. 45 mins.	€27.56		
2 hr. 50 mins.	€28.35		
3 hr. 00 mins.	€29.93		
3 hr. 20 mins.	€33.08		
3 hr. 30 mins.	€34.65		
3 hr. 40 mins.	€36.23		
TOTAL:			

I acknowledge receipt of the sum of € _____

Signature of Attendant: _____ **Date:** _____

Signature of Superintendent: _____ **Date:** _____

I certify that I have paid a total of € _____ to the above Attendant.

Signature of Principal: _____ **Date:** _____